


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)

1. CIR./DIST./ DIV. CODE		2. PERSON REPRESENTED RICHARD SHARP		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER <small>Click here to enter text.</small>		4. DIST. DKT./DEF. NUMBER 24-CR-789 (CCC)		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (<i>Case Name</i>) US v. SHARP		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE <i>(See Instructions)</i> CC			
18:922 Felon in Possession of a firearm					
12. ATTORNEY'S NAME (<i>First Name, M.I., Last Name, including any suffix</i>), AND MAILING ADDRESS Michael Pedicini, Esq. 560 Main Street Chatham, NJ 07928 (973) 635-2555			13. COURT ORDER GO Appointing Counsel GC Co-Counsel XF Subs For Federal Defender GR Subs For Retained Attorney GP Subs For Panel Attorney GY Standby Counsel Prior Attorney's Name: <u>Areeb Salim</u> Appointment Dates: <u>1/10/2025</u> G Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is: _____ e, OR <input type="checkbox"/> Other (<i>See Instructions</i>)  _____ Signature of Presiding Judge or By Order of the Court <u>2/18/2025</u> Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (<i>Only provide per instructions</i>)					
CLAIM FOR SERVICES AND EXPENSES					
CATEGORIES (<i>Attach itemization of services with dates</i>)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
In Court	a. Arraignment and/or Plea		0.00		0.00
	b. Bail and Detention Hearings		0.00		0.00
	c. Motion Hearings		0.00		0.00
	d. Trial		0.00		0.00
	e. Sentencing Hearings		0.00		0.00
	f. Revocation Hearings		0.00		0.00
	g. Appeals Court		0.00		0.00
	h. Other (<i>Specify on additional sheets</i>)		0.00		0.00
(RATE PER HOUR = \$) TOTALS:		0.00	0.00	0.00	0.00
Out of Court	a. Interviews and Conferences		0.00		0.00
	b. Obtaining and reviewing records		0.00		0.00
	c. Legal research and brief writing		0.00		0.00
	d. Travel time		0.00		0.00
	e. Investigative and other work (<i>Specify on additional sheets</i>)		0.00		0.00
(RATE PER HOUR = \$) TOTALS:		0.00	0.00	0.00	0.00
17. Travel Expenses (<i>lodging, parking, meals, mileage, etc.</i>)					
18. Other Expenses (<i>other than expert, transcripts, etc.</i>)					
GRAND TOTALS (CLAIMED AND ADJUSTED):			0.00		0.00
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS G Final Payment G Interim Payment Number _____ G Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this G YES G NO If yes, were you paid? G YES G NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (<i>compensation or anything of value</i>) from any other source in connection with this representation? G YES G NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____					
APPROVED FOR PAYMENT — COURT USE ONLY					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT. \$0.00	
28. SIGNATURE OF THE PRESIDING JUDGE			DATE	28a. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED \$0.00	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>			DATE	34a. JUDGE CODE	